

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214525420				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PROFESSIONAL FORECLOSURE CORPORATION OF VIRGINIA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX RD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: 04061131</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 10021 BALLS FORD ROAD SUITE 200</p> <p style="text-align: center;">CITY/ST/ZIP: MANASSAS, VA 20109</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DIANE POTTER TITLE: PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DIANE POTTER TITLE: PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: DIANE POTTER TITLE: PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JERRY ALT TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JERRY ALT TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JERRY ALT TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KRISTINE BROWN TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KRISTINE BROWN TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: KRISTINE BROWN TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: SHARIE ALBERS TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SHARIE ALBERS TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: SHARIE ALBERS TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: GREGORY N BRITTO TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GREGORY N BRITTO TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: GREGORY N BRITTO TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME:	BRETT A. CALLAHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	JAMES MATTHEW CANNOY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 EAST COURT ST., SUITE 102		
CITY/ST/ZIP/CO:	P. O. BOX 353 ROCKY MOUNT, VA 24151		
NAME:	JOYCE FANTASKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	BRIAN FANTASKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	JORDY HIRSCHFELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD RD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	JOSEPH F. HUNNICUTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	630 PARK AVE NW		
CITY/ST/ZIP/CO:	P.O. BOX 626 NORTON, VA 24273		
NAME:	LILA JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	LINDSEY C. KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	236 CLEARFIELD AVE.		
CITY/ST/ZIP/CO:	SUITE 215 VIRGINIA BEACH, VA 23462		
NAME:	DAVID S. KREISMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4201 LAKE COOK ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		
NAME:	CHRISTINE S. MAGGARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2114 KENT STREET		
CITY/ST/ZIP/CO:	HENRICO, VA 23228		

NAME:	HOLLI SHAREE MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 EAST COURT ST., SUITE 102 P. O. BOX 353		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		
NAME:	WANDA L. MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 EAST COURT ST., SUITE 102 P. O. BOX 353		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		
NAME:	JIM MEIZANIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD RD, SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	TERESA MELVIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 207		
CITY/ST/ZIP/CO:	NARROWS, VA 24124		
NAME:	SUSAN MEYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	236 CLEARFIELD AVE. SUITE 215		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		
NAME:	DELORES OAKES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 EAST COURT ST., SUITE 102 P. O. BOX 353		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		
NAME:	ANGIE POLLARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	MEGAN POOL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	236 CLEARFIELD AVE. SUITE 215		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		
NAME:	DEAN ROGERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	MAX SALAZAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD RD, SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		

NAME:	WILLIAM M. SAVAGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	SUZANNE V. SCANLAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10310 CARLOW RD		
CITY/ST/ZIP/CO:	SUITE 215 CHESTERFIELD, VA 22902		
NAME:	GERALD SHAPIRO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4201 LAKE COOK ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		
NAME:	SARAH SIMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	TIMOTHY SPAULDING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 1337		
CITY/ST/ZIP/CO:	FOREST, VA 24551		
NAME:	TOM TERRELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	236 CLEARFIELD AVE.		
CITY/ST/ZIP/CO:	SUITE 215 VIRGINIA BEACH, VA 23462		
NAME:	LEE ANN TERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	ANDREA THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	DOREEN BERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	MARK CAREY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R KIP STONE SECRETARY 10021 BALLS FORD ROAD SUITE 201 MANASSAS, VA 20109	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Chris Cartrette VICE PRESIDENT 236 Clearfield Ave. Suite 215 Virginia Beach, VA 23462	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ BRETT A. CALLAHAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		BRETT A. CALLAHAN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE		5/15/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					